

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-028267

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 50

FILED JUL 24 1962

VS 300
Rev. 4/59

1 0910

2 2269

3 2

4 0

5 1

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7 0

8 2

9 X

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11 091

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Daniphan</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ripley Co. Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>2503 A. Hadley</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Delbert Hadley Haywood</u>		4. DATE OF DEATH Month Day Year <u>July 12 1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-17-1928</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DIE CAST OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) <u>CARROLLTON, Mo.</u>
13a. FATHER'S NAME <u>JAMES HAYWOOD</u>		14. NAME OF HUSBAND OR WIFE <u>Betty Louise Haywood</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Dec. 14, 1951 - Dec. 20, 1955</u>		16. INFORMANT <u>Betty Haywood Daniphan, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Rupture of heart muscle</u> DUE TO (b) <u>Contents of chest</u> DUE TO (c) <u>Car accident</u> CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Ran car in ditch.</u>	
20c. TIME OF INJURY Hour a.m. <u>2:00</u> Month, Day, Year <u>7/12/62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Daniphan</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Daniphan Ripley Mo</u>	
21. I attended the deceased from <u>7/12/62</u> to <u>7/12/62</u> and last saw her ^{her} alive on <u>7/12/62</u> . Death occurred at <u>2:20 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Frank Johnson MD</u>		22b. ADDRESS <u>Daniphan Mo</u>	
22c. DATE SIGNED <u>7/7/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7-14-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Daniphan Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Daniphan Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Edwards Funeral Home - Daniphan, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-14-62</u>	26. REGISTRAR'S SIGNATURE <u>Flava Brz</u>

JUL 25 1962

JUL 27 1962

Permit issued 7-14-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ronald Sloan

Licensed Embalmer No. 5127

P. O. Address Doniphan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

no. 23